U.S. No. 300
Rev. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21228

FILED JUN 25 1952

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 15-52

0660

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia
c. LENGTH OF STAY (In this place): 1 Hour.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humphreys Osteopathic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia 0660
d. STREET ADDRESS (If rural, give location): Tuscumbia.

3. NAME OF DECEASED (Type or Print)
a. (First): Rosie
b. (Middle): Lea
c. (Last): Hodel

4. DATE OF DEATH (Month) (Day) (Year): June 13 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: January 8, 1930
9. AGE (In years last birthday): 22 — If under 1 year: Months ___ Days ___ If under 1 hr.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nothing
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Tuscumbia MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Elmer Henry Flaugher
13b. MOTHER'S MAIDEN NAME: Edith Ivy Clark
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Elmer Flaugher — ADDRESS: Tuscumbia

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocarditis — 6 Mo.
DUE TO (c) Thyotoxicosis — 2 yr

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Exophthalmic Goiter — 3 yr

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 2520
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): No
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* June 18, 1952 *to* June 13, 1952, *that I last saw the deceased alive on* June 13, 1952, *and that death occurred at* 1:11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Humphreys (Degree or title) D.O.
23b. ADDRESS: Tuscumbia Missouri
23c. DATE SIGNED: 6-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 15 June 1952
24c. NAME OF CEMETERY OR CREMATORY: Tuscumbia
24d. LOCATION (City, town, or county) (State): Tuscumbia, Missouri

DATE REC'D BY LOCAL REG.: June 14, 1952
REGISTRAR'S SIGNATURE: Mrs. Richard L. Wright 391-
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M Kaye — ADDRESS: Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

REGISTERED
JUL 27 1962
MILLER COUNTY HEALTH
DEPARTMENT

AUG 25

JUN 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Keith M. Kays
Licensed Embalmer No. 398
P. O. Address Eldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.